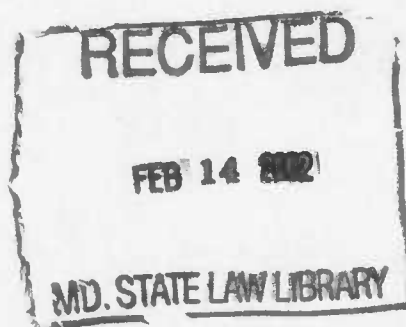


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## FINAL REPORT

# TASK FORCE ON THE FUTURE MISSION OF THE PATUXENT INSTITUTION

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October 1, 1991

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October 1, 1991

The Honorable Bishop L. Robinson  
Secretary  
Department of Public Safety  
and Correctional Services  
Suite 310, Plaza Office Center  
6776 Reisterstown Road  
Baltimore, Maryland 21215

Dear Secretary Robinson:

Attached hereto is the final report of the **Task Force on the Future Mission of the Patuxent Institution**. The Task Force was appointed by you in May of this year to make recommendations for an alternative mission and purpose for the Institution, including a consideration of the potential for converting the Institution to a Division of Correction Facility.

In numerous meetings over the summer and fall, the Task Force has focused on developing a mission and purpose for the Institution that will better serve the needs of the State correctional system as a whole. Currently, the Institution represents a microcosm of the larger correctional system, with incarceration, treatment, parole authority, and community supervision responsibilities resting in one agency. The question of whether it is advisable to continue the full range of these responsibilities at the Institution provided much of our initial focus. By examining the efficiency, effectiveness, and appropriateness of each of these roles, the Task Force endeavored to reach a clear understanding of the Institution's capabilities.

Simultaneously, the Task Force found it necessary to examine the needs and capabilities of the broader correctional system. It found that over-crowding in the Division of Correction inhibited the ability to provide services to a number of special needs populations, including mentally ill offenders, youthful offenders, and substance abusing offenders. The pressing need to provide adequate services to these sub-populations was the primary impetus to many of the Task Force recommendations.

The Task Force was composed of members from the Office of the Secretary, the Division of Correction, Pre-Trial Services, the Attorney General's Office, Patuxent Institution, and

Secretary Bishop L. Robinson  
October 1, 1991  
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community mental health care providers. Dr. Humphrey and I would like to thank each one of these members for giving so much of their time and energy to this task.

Sincerely,

*Henry J. Richards, Ph.D.*  
Henry J. Richards, Ph.D.  
Task Force Chairperson

# **Task Force on Patuxent: Final Report**

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## **Task Force on Patuxent: Final Report**

### **TASK FORCE ON THE FUTURE MISSION OF THE PATUXENT INSTITUTION**

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## **Task Force on Patuxent: Final Report**

### **EXECUTIVE SUMMARY**

The Joint Chairman's Report, issued by the State budget committees in March of 1991, expressed concern that the Patuxent Institution was not fulfilling its mission. The Secretary of Public Safety and Correctional Services was directed to perform an internal study to recommend an alternative mission and purpose for the Institution, which was to include an examination of the potential for converting the Institution to a Division of Correction facility. A twelve member Task Force was appointed by the Secretary in May of 1991, and the members met numerous times over the summer and fall to formulate recommendations for the future mission of the Patuxent Institution.

### **Task Force Recommendations**

In developing recommendations for the Institution's future, some of the more important factors considered by the Task Force have included: the rapidly expanding correctional population and the resulting over-crowding; the influx of violent young offenders into the State's correctional system; current legal mandates to provide special education services and mental health services to inmates with specific deficits; and the serious fiscal and security consequences associated with these trends. In considering all of these factors, the Task Force has focused on maximizing the Institution's role as a resource to the correctional system as a whole.

By virtue of its physical plant, range of security levels, and organizational culture, the Patuxent Institution has the potential to provide an extremely valuable resource to the correctional system. In order for these resources to be used most effectively in meeting the system's needs, the Task Force has formulated a number of recommendations concerning the future role of the Patuxent Institution:

- The Institution should be a specialized treatment facility for the purpose of remediating specific inmate deficits. Unlike rehabilitation, the concept of remediation is limited and specific. Treatment efforts are focused on identifiable deficits, such as a lack of functional reading skills or poor behavioral controls, which decrease the system's ability to manage the inmate and/or increase the risk for subsequent criminal activity.
- Given the limitations in the Institution's physical plant, and the security issues posed by inmate movement for treatment purposes, facility capacity should be limited to 800 beds.



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- To ensure that the integrity of the Institution's programs can be maintained, the Institution should remain a separate organizational entity from the Division of Correction, and retain the ability to determine inmate suitability for admission.
- Upon the final attrition of the Institution's current inmate population, the Eligible Persons, the Institution should relinquish the authority to make early release decisions and the Board of Review should be dissolved.
- Inmates admitted to the Institution should remain incarcerated at the Institution until the Director has determined that the inmate has received maximum benefit from the program. As a general rule, an inmate should not remain in the Institution's program for longer than three years. Any exceptions to this general rule should require the annual review and approval of the Director.
- To best serve the needs of the State's correctional system, admission to the Institution's program should be limited to three general target populations: mentally ill offenders; youthful offenders; and substance abusing offenders.
- To ensure the success of the Institution's remediation efforts, an appropriate aftercare system for inmates released from the Institution's program should be developed. This system should include aftercare services provided by the Division of Correction for the remainder of an inmate's period of confinement, and the necessary follow-up services upon an inmate's release to the community.
- Although a number of revisions to Article 31B will be necessary to implement the Task Force recommendations, no changes are seen as necessary or advisable in relation to the Secretary's global level of authority over the Institution under Article 41, Section 4, Annotated Code of Maryland.

### **Estimates of Fiscal Impact**

An attempt was made by the Task Force to estimate the fiscal impact on the State correctional system of each of its recommendations. The factors considered in estimating the fiscal impacts of these recommendations included:



## Task Force on Patuxent: Final Report

- Staffing and facility resources currently allocated to serving the traditional Eligible Person program at Patuxent, as well as resources devoted to special needs populations in the DOC, could be reallocated to address the fiscal consequences of the Task Force recommendations.
- Evidence exists that resources which are reallocated to the Institution can be managed effectively there. For example, the FY 1991 per capita cost of housing and treating an inmate at Patuxent was \$21,732 (when adjusted for education costs, which are not paid directly by other DOC facilities). This is \$1671 per year less than annual costs at the only comparable maximum security facility, the State penitentiary, which does not provide programs at the Patuxent level.
- The State's budgetary climate may influence the schedule for implementing accepted recommendations, thus effecting the timing of fiscal impacts.
- Legal considerations may suggest that the centralization of services for special needs inmates or the rapid elimination of the current Eligible Person program is not advisable.

Considering the factors above, the Task Force estimated the fiscal impact for each recommendation based on the assumptions that considerable existing resources were available to implement its recommendations, and that-- given fiscally responsible program design and implementation planning-- no insurmountable obstacles had been identified. Among the recommendations of the Task Force, those having the most significant fiscal impact involve the centralization of services to special needs inmates at the Institution:

- \$363,000 will be saved by centralizing federally mandated education services at the Institution. This program will accomplish more with less, while improving service delivery to the 200 inmates in need of these services.
- When all fiscal impacts are considered, centralized mental health services would improve services to mentally ill inmates, reduce disruption to DOC facilities, and eventually approach a break even with current expenditures. This can be accomplished through reallocation of CMS contract expenditures, opening of areas for double celling in the DOC, and reducing transportation and other custody/management costs attributable to mentally ill inmates.

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- A 250 bed intensive substance abuse program with short lengths of stay can be implemented with only \$328,000 of additional expenses.
- 250 youthful offenders can be better managed, assisted in adjusting to correctional environments, and receive multiple services simultaneously while at Patuxent for \$249,000.

### Implementation Planning and Related Critical Actions

Although a detailed implementation plan was viewed as beyond the scope of the Task Force until the Secretary had reviewed and approved the recommendations, a discussion with the Assistant Secretary, Finance and Budget Administration has confirmed the need and feasibility of at least two tasks at the Department level:

- **Perform** a multi-year impact analysis of the operational steps required in Patuxent and the DOC **each year** to implement the proposed "take-down" of existing Patuxent beds and "bring-up" of beds under the revised Patuxent until the recommended 800-bed capacity is fully realized.
- **Calculate** the cost savings and future cost avoidance within Patuxent, the DOC (and the BCDC) resulting from the proposed transition to a revised Patuxent.

The major critical actions required for **implementation** of recommended programs are as follows:

- **Remove** immediately DOC inmates currently housed at Patuxent and replace them with a gradual influx of 200 inmates eligible for federally-mandated education.
- **Close** the 60 mental health beds at MCI-Jessup and transfer the related DOC staff and resources to Patuxent. This action could take place almost immediately.
- **Begin** an expedited but fair review under existing procedures of the Eligible Person (E.P.) population to determine which participants have currently reached maximum benefit of treatment. These inmates would be either given status (likely to be very few) or returned to the DOC. The "attrition" rate for the E.P. population (currently 511 inmates) should average 100 per year based upon the mandated annual review and

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historical sign-out rates.

- Implement other program options or expand/expedite any of the above actions, based upon the available budget and the resources freed up by the attrition of E.P.'s.

### SUMMARY

To achieve the recommended new mission and purpose, the Task Force recommends that the Institution remain separate from the Division of Correction as an 800 bed treatment facility, and that the Institution retain the ability to determine inmate suitability for the Institution's programs. However, an inmate's maximum length of stay in the program should be limited to three years, with the decision to terminate treatment resting with the Director and not with the inmate. Given that treatment decisions and release decisions are essentially different in nature, the Institution should relinquish the authority to make early release decisions.

To best serve the needs of the correctional system as a whole, admission to the Institution's program should be limited to three general inmate populations: the chronically mentally disordered; youthful offenders; and substance abusers. However, the mission and purpose of the Institution should be shifted away from the global concept of rehabilitation, towards the more limited and specific purpose of remediation.

The Task Force recognizes that the provision of appropriate aftercare services to inmates treated at the Institution will be essential to ensure the success of these efforts. These services must be delivered during any continued incarceration after remediation, and in the community in any pre-release program. The beginning of this process should be the Patuxent aftercare plan. The Task Force also recommends the formation of a work group, composed of representatives from a number of State Departments (specifically DPS&CS, DHMH, and DHR), to develop a comprehensive community aftercare system.

The Task Force acknowledges that each of its recommendations has positive and well as negative fiscal implications, which, in addition to any legal implications, must be carefully considered and monitored. However, the Task Force is convinced that the responsible execution and management of appropriate program designs and implementation plans can overcome obstacles and potential negative consequences. It is believed that significant costs savings, elimination of redundancies, and improvement of services can result from these recommendations.

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### INTRODUCTION

#### Historical Context

Patuxent Institution was originally created in 1951 to serve a specific group of criminal offenders, defined as 'defective delinquents' under Article 31B, Annotated Code of the General Public Laws of Maryland. Following a diagnostic evaluation by professional mental health staff, and a judicial hearing to determine the issue of defective delinquency, Article 31B provided for the indeterminate confinement of these offenders at the Patuxent Institution.

Shortly after its creation, the Institution became the subject of considerable controversy and a multitude of lawsuits. Although the Institution prevailed in the majority of the lawsuits that raised constitutional issues, the State eventually responded to the continuing controversy by commissioning an evaluation of the Institution's programs. Contract Research Corporation released the results of this evaluation in 1977, and recommended that the indeterminate sentence, involuntary commitment, and the definition of defective delinquency be abolished. The majority of these recommendations were incorporated into Article 31B, and the new 'Eligible Person' law came into effect on July 1, 1977.

Although the level of controversy surrounding the Institution diminished at this time, it did not end. Two primary amendments were passed to Article 31B between 1977 and 1988, which prohibited the Institution from accepting inmates with multiple life sentences, and required the Governor's approval before an inmate serving a life sentence could be paroled. Further amendments to Article 31B were passed as emergency legislation on March 20, 1989, following criticism of the Institution's early release practices. These amendments substantially limited the prior autonomy of the Institution, particularly in relation to the characteristics of the inmates who could be accepted into the program, and the manner in which they could be placed on an early release status. However, with each modification of the statute the legislature reaffirmed, by implication, the continued need for a specialized treatment oriented correctional facility in the State.

In addition to the 1989 amendments, the General Assembly mandated the second major evaluation of the Institution's effectiveness. This study was conducted by Abt Associates, Incorporated, and the results were presented to the General Assembly in January of 1991. Abt Associates conducted a "black

## **Task Force on Patuxent: Final Report**

box" study comparing the rearrest rates of DOC and Patuxent releasees, using arrests recorded in parole supervision records as the outcome measure. Abt Associates concluded that there was no evidence that rates of rearrest were significantly different between inmates released from the Patuxent Institution and those released from the Division of Correction. It is important to note, however, that as a "black box" study, its analysis did not investigate any aspect of Patuxent's or DOC's program characteristics that might have influenced outcomes. The study found, in addition, that admission procedures at Patuxent were biased in favor of admitting offenders with somewhat higher risks of re-offending, a finding consistent with the interpretation of the Institution's mission and purpose adopted by the Institution during the period studies. Abt Associates also noted the higher level of intensity of parole supervision at the Institution as a significant factor to be considered in interpreting the overall results.

### **Charge to the Task Force**

Based in part on the results of the Abt study, the 1991 Joint Chairman's Report of the State budget committees expressed concern that the Institution was not fulfilling its mission. The Secretary of Public Safety and Correctional Services was directed to perform an internal study and make recommendations for an alternative mission and purpose for the Institution by November 1, 1991.

In May of 1991, Secretary Bishop L. Robinson appointed a twelve member Task Force to address this mandate. The Task Force was directed to conduct a study of the strengths and weaknesses of the current programs at the Patuxent Institution, including the laws governing the Institution. On the basis of this review, the Task Force was requested to develop recommendations for an alternative mission and purpose for the Institution, which was to include the potential for converting the Institution to a Division of Correction facility.

### **Composition of the Task Force**

In forming the Task Force, the Secretary was advised that the best results could be obtained by tapping the knowledge and skills of chief administrators in the correctional system, and supplementing this base with the expertise of forensic and correctional health care providers from other settings. The members of the Task Force were therefore selected for the range and depth of their knowledge concerning the strengths and weaknesses of the Division of Correction, Pre-Trial Services, and the Patuxent Institution, or for their expertise in the



## **Task Force on Patuxent: Final Report**

development of effective treatment and aftercare programs for forensic and correctional populations.

Task Force members included the Commissioner of Correction, the Commissioner of Pre-Trial Services, the Director of Patuxent Institution, the Chairpersons of the Institutional Board of Review and the Citizens' Advisory Board, administrative and treatment staff from the Division of Correction, Patuxent Institution and the Office of the Secretary, a representative of the Attorney General's Office, and external forensic and mental health services administrators. The members served without compensation, and were provided with staff support through various agencies of the Department of Public Safety and Correctional Services.

### **Task Force Process**

The members of the Task Force met on a weekly basis from June through September of 1991. To achieve the objectives established by the Secretary, the Task Force focused on identifying the service needs of the correctional system as a whole, the strengths and weaknesses of both the Division of Correction and the Patuxent Institution in meeting these needs, and the role that Patuxent Institution could play in the system's efforts to meet these needs more effectively. The Task Force investigated a large number complicated issues, many of which were anticipated to result in only a limited consensus of views. Therefore, meticulous minutes were kept of the process in hope of preserving some of the flavor of the discussions concerning alternative possibilities.

In collecting the necessary information to answer these questions, the Task Force tapped many sources. The history of the Institution was reviewed, along with previous studies and evaluations of its effectiveness. Inmate population and trend data were provided by the Patuxent Institution and by the Department's Office of Research and Statistics. Departmental staff at many levels and several facilities were queried concerning the nature and size of special needs populations in the correctional system. In addition, the Task Force relied heavily on the assessment of needs and capabilities provided by the Commissioner of Correction, the Commissioner of Pre-Trial Services, the Director of Patuxent Institution, and the Director of Parole and Probation. Plans for correctional treatment facilities or programs in several states and in Maryland counties were reviewed. National data on prevalence rates of mental illnesses, substance abuse, and special educational needs among offenders were reviewed, as were the major treatment modalities which are viewed as effective when evaluated by professional

## Task Force on Patuxent: Final Report

consensus or empirical research.

Efforts to further refine the criteria for target populations, and determine the programmatic needs of these populations, were assisted by experts in forensic and mental health systems from the District of Columbia. The legal implications of the Task Force recommendations were explored by counsel from the Attorney General's Offices in the Department of Health and Mental Hygiene and the Department of Public Safety and Correctional Services.

Through this process the Task Force has been able to identify the inmate sub-populations whose need for specialized services is most acute. This crucial first step provided the structure around which the Task Force developed its recommendations for the future mission of the Patuxent Institution. Additional issues addressed by the Task Force included the size and organizational placement of the Institution, assessment procedures, general length of stay, release mechanisms, and the aftercare process.

After formulating its recommendations, an attempt was made by the Task Force to estimate the fiscal impact on the State correctional system of each recommendation. The factors considered in formulating the fiscal impact estimates for these recommendations included:

- Staffing and facility resources currently allocated to serving the traditional Eligible Person program at Patuxent, as well as resources devoted to special needs populations in the DOC, could be reallocated to address the fiscal consequences of the Task Force recommendations.
- Evidence exists that resources which might be reallocated to the Institution can be managed effectively there. For example, the FY 1991 per capita cost of housing and treating an inmate at Patuxent was \$21,732 (when adjusted for education costs, which are not paid directly by other DOC facilities). This is \$1671 per year less than annual costs at the only comparable maximum security facility, the State Penitentiary, which does not provide programs at the Patuxent level.
- The State's budgetary climate may influence the schedule for implementing accepted recommendations, thus effecting the timing of fiscal impacts.
- Legal considerations may suggest that the centralization of services for special needs inmates or the rapid elimination



## **Task Force on Patuxent: Final Report**

of the current Eligible Person program is not advisable.

Considering the factors above, the Task Force estimated fiscal impacts for each recommendation based on the assumptions that considerable existing resources were available to implement its recommendations, and that-- given fiscally responsible program design and implementation planning-- no insurmountable obstacles had been identified. A general description of fiscal impact is provided in the text of this report following the presentation of each recommendation. Appendix A, "Fiscal Impact Estimates for Target Population Program Options," includes more detailed estimates of fiscal impact, and the assumptions and findings on which they were based.

### **Contents and Structure of the Final Report**

The body of this report provides the details concerning the recommendations of the Task Force, including the rationale for each decision, potential organizational and legal implications, and the general fiscal impact. To the extent possible, the recommendations are presented in the order of those which would set the organizational context of the Institution's functions, followed by those which would provide the objects and processes of its functions. Accordingly, the discussion of recommendations concerning mission, purpose, placement in the department, authority for admission and release decisions are followed by those related to target populations, length of stay and aftercare planning.

Detailed estimates of fiscal impact, and an outline of the steps necessary for formulating a implementation plan are provided in Appendix A. An outline of recommended modifications to Article 31B is presented in Appendix B. Appendix C is a reference list of the recommendations as formally adopted by the Task Force. Minutes of the Task Force proceedings are provided in Appendix D.

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### **TASK FORCE RECOMMENDATIONS**

#### **1. Mission and Purpose.**

**The Institution should be a specialized treatment facility for the purpose of remediating specific inmate deficits.**

**Rationale:** The members of the Task Force were unanimous in perceiving the continued need for a specialized correctional treatment facility in the State. Clear expressions of this need were made by key staff in the correctional system, and reinforced by the views of the Citizens' Advisory Board. In this context, the existing physical plant and specialized staff of the Institution were viewed as a resource that could be used to the best advantage of the State.

In terms of a new purpose for the Institution, Task Force members noted that both the public and corrections professionals are disillusioned with the global concept of rehabilitation. It was the consensus of the Task Force that a more realistic and achievable goal for the correctional system could be found in the limited concept of remediation. Remediation was defined as a treatment focus on specific, identifiable deficits which are related to an increased risk for criminal activity, or for producing serious disruptions within the correctional system. In contrast to rehabilitative efforts, the focus of remediation is placed on relatively limited problem areas, such as a lack of functional reading skills, a lack of job skills, an inadequate work ethic, drug addiction, or poor behavioral controls. Addressing these issues has the potential to improve the inmate's ability to conform to behavioral expectations, both within the prison system and within the community.

Although the Task Force focused its attention primarily on treatment related issues, the members viewed research as an integral part of the Institution's purpose. To ensure that the Institution's research efforts are coordinated with those of the Department as a whole, the Task Force recommends that the concepts and proposals contained in the Department's Correctional Research Agenda (1990) be re-examined for their continued relevance to the Institution. In addition, the Task Force recommends that an effective management information system be developed to assist the Institution's treatment and research efforts, and that systematic program evaluation and basic science research be conducted at the Institution.

**Implications:** This recommendation will require a substantial shift in the Institution's treatment approach, requiring

## **Task Force on Patuxent: Final Report**

retraining of staff, review of treatment procedures, and changes in staff composition.

**Fiscal Impact:** Described below under target population recommendations.

### **2. Size of Facility.**

As a result of limitations in the physical plant of the Institution, and the requirements of inmate movement for treatment purposes, the Institution should be limited to an 800 bed facility.

**Rationale:** The Institution is currently housing over 1,000 inmates, of which nearly half are temporary housing assignments to relieve overcrowding in the Division of Correction (DOC). However, the actual design capacity of the Institution is closer to 800. The physical plant of the Institution would require significant renovations of kitchen, dining, and program facilities to effectively manage a treatment population of over 800, particularly given the level of movement that must occur when inmates are participating in program activities.

**Implications:** A minimum of 300 beds could be available immediately for the new treatment populations recommended by the Task Force, if the DOC inmates temporarily housed at the Institution are relocated. Special needs inmates (such as the mentally ill) are frequently single-celled in the DOC. Transferring these inmates to Patuxent has the potential to free up enough additional bed space in the DOC, through double-celling, to accommodate the inmates who are now temporarily housed at the Institution.

**Fiscal Impact:** If the above assumption concerning the potential to reallocate existing DOC bed space is accurate, the fiscal impact of this recommendation should be positive.

### **3. Placement Within the Department.**

To ensure that the integrity of the treatment programs offered by the Institution can be maintained, the Institution should remain a separate organizational entity from the Division of Correction.

**Rationale:** Overcrowding is currently a serious problem in the DOC, and population projections indicate that this situation is likely to continue in the foreseeable future. Given the pressing demands that overcrowding places on correctional resources, the

## **Task Force on Patuxent: Final Report**

Task Force believes that the Institution would not be able to maintain the integrity of its treatment programs if it was folded into the DOC. The temptation to shift staff resources and bed space from the Institution's programs to other operational priorities would be difficult to resist under these circumstances. In addition, maintaining the Institution as a separate organizational entity should facilitate the ability to balance the needs of the DOC and the Division of Pre-Trial Services. Finally, the independent status of the Institution should increase the likelihood that admission and transfer decisions would be based primarily on clinical determinations made by qualified personnel, rather than being influenced by other factors.

**Implications:** In one sense this recommendation will maintain a dual correctional system in the State. However, the totality of the Task Force's recommendations are directed towards integrating the functions of the correctional system, so that the Institution is playing a supportive role in serving the needs of the system as a whole. This level of integration across Departmental agencies can be achieved through the global powers accorded to the Secretary of Public Safety and Correctional Services under Article 41, Section 4, Annotated Code of Maryland.

**Fiscal Impact:** Since the Institution is currently a separate agency within the Department of Public Safety and Correctional Services, it is not anticipated that this recommendation will have any fiscal impact.

### **4. Release Decision-Making.**

Simultaneous with the final attrition of the current Eligible Person population, the Institution should relinquish authority for early release decisions and the Board of Review should be dissolved.

**Rationale:** The Task Force was concerned that the Institution's responsibility to make early release decisions has historically interfered with the effectiveness of the treatment program. Without appropriate vigilance from all parties involved, treatment processes can result in staff members being overly identified with inmates, in administrators being overly convinced of the effectiveness of their own programs, and in inmates being more preoccupied with the manipulation of staff than with honest effort toward personal change. However, the Task Force views treatment and release decisions as essentially different in nature. By abolishing the Institution's authority to grant any form of early release status, the Task Force believes that both

## **Task Force on Patuxent: Final Report**

the clinical staff and inmates will be able to focus exclusively on the remedial process, thereby improving the effectiveness of the program as a whole.

**Implications:** It may be necessary for the Institutional Board of Review to continue to operate in relation to the Eligible Person population, up to the point that the final attrition of these inmates has occurred. However, the Task Force recommends that inmates admitted to the Institution's new program should only be granted work release or leave status through the DOC, and that the decision to parole should be made by the Parole Commission. Release to mandatory supervision or upon expiration of sentence should be governed by the same policies and procedures that apply to other inmates in the correctional system.

In recommending this essential change in the Patuxent program, the Task Force recognizes that a transition from the previous program conditions to those recommended will be a gradual one, beginning with the Legislature making the necessary changes in Article 31B. Early legal counsel concerning the nature of required changes in the law and their implications will be essential in planning for an orderly transition. The transition will also be shaped by the characteristics, needs, and current distribution among DOC facilities of the various new populations to be served by the Institution, in addition to those of the current Eligible Person population.

**Fiscal Impact:** Some financial savings will ultimately be produced by abolishing the Board of Review, which currently meets twice per month. However, the most significant impact of this proposal will be in relation to the amount of administrative and clinical staff time that is freed from Board of Review functions. This will enable the Institution's staff to focus more attention on developing and implementing remedial programs, as well as on providing direct services to inmates. A shift in focus for the staff from contributing to release decision-making to treatment and documentation of inmate progress, or lack thereof, is viewed as a significant improvement in service delivery.

### **5. Assessment for Admission.**

In relation to new admissions to the correctional system, assessment for admission to the Institution should be conducted by Institution staff at the point of reception. This assessment should be performed upon the recommendation of the Commissioner of Correction, the Commissioner of Pre-Trial Services, or their designees.

**Rationale:** The Task Force believes that the final decision



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concerning the admission of an inmate to the program should remain with the Institution. As a separate agency with the mission of providing specialized treatment services, the Institution's staff will be in the best position to determine whether any given inmate is likely to respond favorably to the services offered. To permit other agencies to make this decision could result in the transfer of non-treatable inmates to the Institution, which would compromise the integrity of the Institution's treatment programs and decrease the level of accountability that must be demanded from the program. The Task Force views the process of admission to the Patuxent Institution as involving two inter-related procedures: an initial screening and referral by either Pre-Trial or DOC staff; and a comprehensive evaluation conducted by the professional staff of the Patuxent Institution.

**Implications:** In order to create an efficient system for referrals and evaluations, it will be necessary for the Institution evaluation team to operate at the point of inmate reception into the correctional system. To accomplish this task, procedures for integrating the Institution's evaluation process with the screening/referral methods used by the DOC and Pre-Trial Services will need to be developed. Members of the Task Force did not believe that the need to develop these integrated procedures would create any serious roadblocks to the implementation of this recommendation. In addition, the composition of the evaluation team under Article 31B would need to be altered, to accommodate the special characteristics of the targeted inmate populations. For example, in evaluating a youthful offender for the special education program, the composition of the team would need to conform to the requirements of federal guidelines for such programs.

**Fiscal Impact:** Inmates are currently transported to the Institution for evaluation, and remain at the Institution for an average of four months. Since the majority of these inmates are not accepted into the Institution's program, substantial resources (transportation costs, clinical and custodial staff time) are wasted through this process. By shifting the location of inmate evaluations to the point of reception, and streamlining and standardizing the assessment process for each target population, it is anticipated that this recommendation will result in significant cost savings.

### **6. General Target Populations.**

In fulfilling the specific purpose of remediation, the Institution should focus on three general target populations: mentally ill offenders; youthful offenders;

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**and substance abusing offenders.**

**Rationale:** The Task Force views the identification of appropriate target populations as the key to ensuring that the Institution provides needed services to the correctional system as a whole. The Task Force has generally endorsed the special populations targeted by the Institution's proposed regulations, although an emphasis on the need for substance abuse treatment has been added. These sub-groups of the inmate population appear to have the highest probability of profiting from the services offered by the Institution, and the appropriate treatment of these groups is expected to lessen the serious disruptions that they now create in the correctional system.

In reaching this decision, the Task Force was also influenced by the physical layout of the Institution. There are three separate buildings that could, with modest renovations, be used to house these different inmate populations. Based on information concerning the bed capacity of the Institution and the estimated size of these special needs populations in the DOC, the Task Force envisioned a facility that could ultimately accommodate 250 mentally ill offenders, 350 youthful offenders, and 200 substance abusing offenders. As an added advantage, this proposed consolidation of special needs inmates has the potential to increase the double-celled capacity of the DOC, by reducing the number of inmates who require housing in single cells.

**Implications:** Despite the general advantages that could arise from targeting the Institution's resources at these special inmate populations, a note of caution concerning this recommendation should be raised. A number of Task Force members noted that targeting three distinct populations for treatment services at one facility may not be the optimal alternative. Given the level of staff expertise and potential resources required to serve each of these populations, it was suggested that the best results may be obtained by focusing on one of these three target groups. In attempting to identify the optimal population to target, the Task Force noted that mentally ill offenders account for a good deal of disruption in correctional facilities, and create the need for widely scattered services and single-celled areas. The youthful offender population is similarly disruptive, although in a different manner, and requires federally mandated educational services that can be provided at the Institution with a substantial savings to the State.

The Task Force focused much effort on evaluating the potential for the Institution to provide intermediate levels of care to the chronically mentally ill offender. It became clear



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that the issue of acute and hospital levels of care needed to be specifically addressed. Clifton T. Perkins Hospital does not currently present a realistic alternative for inmates who require this level of care. A more proactive approach through a centralized program at Patuxent might prove effective in certifying appropriate inmates for treatment at C.T. Perkins Hospital. Officials from the Department of Mental Hygiene and C.T. Perkins expressed interest in opening a channel for ongoing communication between the correctional system and their agencies. However, provisions will need be made within the correctional system for acute and hospital levels of care, if the role of Perkins cannot be expanded. While the location and physical plant of the Institution do not rule out its use for acute levels of care, serious financial and legal considerations suggest that other alternatives should be carefully explored.

The Task Force was not blind to possible obstacles to implementing new programs for any chosen population. The feasibility and rate of full implementation of special needs programs may also depend in part on the resolution of legal issues, such as ex post facto issues concerning how any changes in Article 31B will affect the current Eligible Person population, and the issues concerning the concentration of the special education population. The State is currently engaged in litigation concerning federally mandated special education services, and counsel involved in this litigation questioned whether the Task Force recommendation would violate the concept of mainstreaming. However, given the improved services and the substantial cost savings associated with the consolidation of this population at the Institution, as well as the fact that special education inmates would be integrated into educational programs with other Institution inmates, the Task Force believed that the benefits outweighed the drawbacks, pending further advice from the Maryland Department of Education and legal counsel.

In a similar vein, the Task Force noted that targeting appropriate groups of youthful offenders and substance abusers will require a high level of cooperation between the Institution and the DOC, to avoid duplication of services. For example, a careful examination of the needs of these populations could permit the Institution to target interventions at inmates who require more intensive forms of treatment, thereby freeing the DOC to focus their existing program resources on the needs of the general inmate population. Inmates who are not currently able to meet participation criteria for DOC programs such as the Boot Camp could be prepared for participation by remediating specific deficits, such as poor behavioral controls, at Patuxent.

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### **Fiscal Impact:**

**a) Reduction of the Current Eligible Person Population:** Among the recommendations of the Task Force, those having the most significant fiscal impacts involve the centralization of services to special needs inmates at the Institution. If it is assumed that the Institution's current inmate population will complete their current programs and leave the Institution through normal attrition, it will take several years to achieve the population mix recommended by the Task Force. In effect, this may delay many of the positive cost savings and service improvements that are anticipated to result from consolidating services to special needs populations. The anticipated delay in impact would result from the fact that there are currently over 500 inmates participating in the Institution's program as Eligible Persons. Assuming an average yearly attrition of approximately 100 Eligible Persons, through voluntary sign outs or Board of Review action, the complete attrition of the Eligible Person population may take approximately five years.

**b) Youthful Offender Population.** The Task Force anticipates that the consolidation of services for youthful offenders mandated to receive special education services under federal law will produce substantial cost savings: approximately \$363,000. A 250 bed program for youthful offenders that does not include the centralized education option would cost approximately \$249,000 per annum.

**c) Mentally Ill Offenders.** The Task Force believes that consolidating the provision of services to this population will produce programming enhancements and that, in the long run, these improvements may protect the State from adverse litigation concerning the provision of correctional mental health services. Aside from this less quantifiable benefit, the Task Force anticipates that over time the Department will approach a break even on the costs involved in consolidating these services when all direct and indirect costs of serving this population are considered. Most of the costs for the program can be met by reallocating current expenditures and resources. Among these are reduced CMS contract costs for mental health services and the reallocating of professional staff at other facilities who are currently providing services to these inmates.

Nonetheless, after reallocation of resources, a significant cost for centralization of services is estimated (approximately \$873,874). These costs, which are required to change the size and composition of the clinical staff, and to establish access to sophisticated clinical specialty services (eg., diagnostic imaging procedures, neurological consultations, and so on) should

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be offset by a number of factors. The indirect costs of the current decentralized system will eventually be recovered by the Department. Among the expected reductions in indirect costs are decreased transportation costs to obtain mental health services; fewer hours used by correctional officers in managing disruptions caused by these inmates; and decreased single-celling space in the DOC (up to 212 beds may be gained).

**d) Substance Abusing Offenders.** The Task Force noted that the majority of inmates in the correctional system have a significant history of substance abuse. In addition, substance abuse was identified as a major contributor to criminal activity and recidivism. Effective substance abuse treatment programs can be implemented with relatively shorter lengths of stay (6 to 9 months), than many other remediation efforts, thus providing services to a larger number of inmates. Compared to other treatment services, substance abuse treatment can be delivered with relatively low costs: approximately \$328,000 per annum for a 250 bed program.

### **7. Youthful Offender Criteria.**

The Youthful Offender Population that is targeted to receive services at the Institution should be composed of:

- a) Inmates mandated to receive special education services under federal law (IDEA);
- b) Non-psychopathic inmates aged 24 years or less at intake who have received sentences of no more than 5 years; and
- c) Under certain extenuating circumstances, which may include the nature of the criminal offense, non-psychopathic inmates aged 24 years or less at intake who have sentences of more than 5 years.

**Rationale:** The number of youthful offenders incarcerated in the State's prison system is increasing, and these offenders pose special challenges to both the correctional system and to the community. In the community, much of the violent crime that occurs is related to drug traffic and use, and these offenses are predominantly committed by youths. Within the correctional system, youthful offenders tend to be disruptive and aggressive, and do not respond to the consequences typically available in the DOC. However, the community recognizes that today's youths are our future. Hope must be maintained that early intervention can reduce the risk of habitual criminality. The structure and specialized treatments available through the Patuxent Institution were viewed by the Task Force as appropriate to remediate many of

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the deficits that drive both increased risk for crime and poor institutional adjustment among this group of offenders.

In relation to the other youthful offenders targeted by this recommendation, the specific criteria that inmates be treatable and have relatively short sentences were added to ensure that scarce treatment resources are used effectively. Current research strongly suggests that offenders who are not treatable under current modalities can be reliably identified through appropriate forms of clinical examination. As a result, the Task Force believes that this type of offender should be excluded from the Institution's programs. Similarly, the Task Force does not believe that scarce resources are used effectively when they are targeted at inmates with lengthy sentences. Both the public safety and the integrity of the criminal justice system are best protected by focusing on the needs of offenders serving relatively short sentences. However, the Task Force believed it was important to maintain hope for early intervention for those youths with longer sentences but without either a history of ingrained criminality or a clinical profile suggesting a unfavorable outcome of remediation efforts. This concern resulted in the provision --under extenuating circumstances-- for the non-routine admission of some youthful offenders with sentences of more than 5 years.

By specifically targeting youthful offenders who are entitled to federally mandated educational services, the Task force acknowledges the advantages of centralization of services to these inmates.

**Implications:** As noted under the preceding recommendation, this approach is likely to improve the level of services provided to youthful offenders mandated to receive special educational services under federal law, by permitting the system to concentrate scarce resources in one location. It is also likely to improve the level of services provided to youthful offenders serving short sentences. These offenders are frequently substance abusers, and tend to cycle through the correctional system on a revolving door basis. The level of overlap between youthful offenders who are substance abusers, and those who are serving short sentences, holds the potential to reduce this revolving door, by allowing the delivery of multiple treatment services to the same inmate during a single length of stay.

**Fiscal Impact:** As described in the preceding section concerning general target groups, the program for centralization of federally mandated educational services will clearly result in the savings of over \$363,000. The youthful offender program, without the centralized educational component, would require a



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modest reallocation of resources (approximately \$249,000) to the Institution prior to implementation.

### **8. Determining Maximum Treatment Benefit.**

Upon determination of an inmate's suitability for participation in the Institution's programs, the inmate should be incarcerated and treated at the Institution until it is determined by the Director that the inmate has reached maximum benefit from treatment.

**Rationale:** The Task Force does not believe that it is an effective use of scarce correctional resources, or in the best interests of public safety, to permit an inmate to determine when maximum treatment benefits have been achieved. Inmates should continue to be permitted to volunteer for the Institution's program, although this should not be the primary source for initiating referrals. Once it has been determined that an inmate is a suitable candidate, the inmate should remain in the Institution's program until the Director has determined that maximum benefit from treatment has been achieved. The incentives for inmates to cooperate with the program will be provided by the fact that the Institution is known to maintain a safe environment, with greater access to program and work opportunities than is found in other correctional facilities in the State. Appropriately motivated inmates will value the opportunity for remediation at Patuxent for its inherent rewards, as well as for the Institution's documentation of their performance in treatment, which will be available to the Parole Commission.

**Implications:** While the Task Force believes that the correctional system can legitimately classify an inmate to any prison in the State, the procedural details necessary to accomplish this task with a minimum number of legal complications will require careful attention. In addition, disciplinary problems may increase if the proportion of inmates who would prefer to be at another correctional facility becomes too large. The Task Force believes that the maintenance of a highly structured correctional environment, in conjunction with the physical design of the Institution and inherently rewarding programs, will work to keep these potential security problems under control.

**Fiscal Impact:** Overall, it is anticipated that the fiscal impact of this recommendation will be positive. Although inmate grievances may temporarily increase, these should diminish as the Institution's procedures and policies are refined, and become familiar to the inmate population. Over time, cost savings

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should result from the Institution's ability to prevent inmates from wasting resources by leaving the program before maximum benefits have been achieved.

### **9. Maximum Length of Stay.**

In no case should the treatment of an inmate exceed three years without the review and approval of the Director. Extended lengths of stay should be reviewed by the Director for approval or disapproval at least annually.

**Rationale:** The Task Force was concerned that the current open ended length of stay in the Institution's treatment program was not an efficient use of resources. Although recognizing that exceptions may arise on an individual basis, the Task Force believed that a maximum length of stay should be established as a general rule. Exceptions to this general rule can be controlled by requiring the Director of Patuxent to approve or disapprove, on an annual basis, any extensions to an inmate's length of stay.

**Implications:** The primary advantage of this recommendation is that it should increase the rate of inmate turnover at the Institution, thereby ensuring access to the Institution's programs for a greater number of inmates. In addition, limiting the general length of stay to three years will assist the Institution to focus on the goal of remediation as opposed to rehabilitation. Rather than the current practice of selecting inmates with global personality problems and pervasive deficits, the Institution will be required to select inmates whose specific deficits can be addressed within a relatively brief period of time.

**Fiscal Impact:** This recommendation is expected to have a positive impact on the use of scarce resources. Under the Institution's current program, inmates spend an average of five years in the residential program before achieving any form of pre-release status. However, it has not been unusual for inmates to be retained in the residential program for seven or more years. By limiting the focus of treatment efforts, and reducing the average length of stay, an increased number of inmates can be served by the Institution's program.

### **10. Type of Aftercare Required.**

Appropriate aftercare following remediation at the Institution should include two components: aftercare in the Division of Correction until completion of the period of confinement; and aftercare upon release to the

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community.

**Rationale:** The Task Force views the provision of appropriate aftercare services as an essential component of the remediation process. Since the Task Force is recommending that the Institution relinquish early release authority, and strictly limit an inmate's length of stay in the program, many inmates will be returned to the DOC to complete their period of confinement. Maintaining the remedial gains that the inmate has made in the Institution's program, during the period of continued confinement in the correctional system, will require the provision of aftercare services by the receiving facility. Similar efforts to provide the necessary aftercare services to these inmates, upon their release to the community, will also be required to maintain program effects.

**Implications:** This recommendation will require a close level of cooperation between the Institution, the Division of Correction, the Division of Pre-Trial Services, and the Division of Parole and Probation. In addition, it is likely to require program development efforts and/or the re-allocation of existing resources by the receiving agencies, as a means to meet the special needs of these populations.

With reference to this latter point, the Task Force is concerned that the Division of Parole and Probation may not have the necessary resources, in terms of trained staff and services, that will be required to provide specialized community aftercare services to these targeted populations. Adequate provision of these services is likely to require a high degree of cooperation and coordination between a number of Departments, including the Department of Health and Mental Hygiene, the Department of Public Safety and Correctional Services, and the Department of Human Resources. The Task Force strongly suggests that a work group be established to develop an integrated system of community aftercare. The work group would focus on developing inter-Departmental agreements between the appropriate State and local agencies, as a means to ensure that the necessary services are provided to special needs releasees on a priority basis. One potential model for this type of inter-Departmental effort is provided by the Evaluation, Diagnosis and Referral (EDR) concept, which could be expanded to include mental health and vocational rehabilitation services.

In addition, the Task Force suggests that the work group examine the potential for privatizing the delivery of selected community aftercare services. Adopting some level of privatization may provide a method for expanding the level of mental health services available to releasees, at less cost than



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would be incurred by providing these services through State employees. This approach is used by Montgomery County, which requires releasees to obtain counseling or other services mandated by their release order from a private practitioner, and pay for these services on a sliding scale. Since a number of other states have also privatized various correctional functions, or instituted user fees, there are several working models in existence that could be examined to determine the advantages and disadvantages of this approach.

**Fiscal Impact:** Although estimating the fiscal impact of the suggested avenues for providing aftercare services would be a major responsibility of any work group that might be established, the Task Force viewed the likely outcomes of this process to be a positive fiscal impact as well as the significant improvement of services.

### **11. Aftercare Plan.**

The Institution should provide an aftercare plan to the relevant authority for each inmate transferred out of the Institution.

**Rationale:** By virtue of the extensive pre-admission and in-treatment evaluations that the Institution will conduct on each inmate, the Institution will be in an ideal position to formulate an appropriate aftercare plan prior to the inmate's transfer. If the inmate is to be returned to the DOC or Pre-Trial Services for continued confinement, the aftercare plan should focus on the services that will be needed to maintain and consolidate treatment effects during the period of confinement, as well as any recommendations concerning community aftercare that may be appropriate. The responsibility for developing a detailed community aftercare plan will need to rest with the agency that is actually releasing the inmate to the community.

**Implications:** This recommendation will require a high degree of cooperation between the Institution, the Division of Correction, the Division of Pre-Trial Services, the Division of Parole and Probation, and any other agencies or organizations that will be providing aftercare services. If the aftercare work group recommended by the Task Force is established, the task of developing the policies and procedures necessary to implement this recommendation would form an appropriate assignment for this group.

**Fiscal Impact:** Limiting the Institution's aftercare responsibility to the development of an aftercare plan, as opposed to the current provision of community supervision and

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follow-up services, holds the potential to significantly reduce the Institution's costs. While these costs would need to be absorbed elsewhere in the Department, economies of scale suggest that these services could be provided with greater cost effectiveness through the Division of Parole and Probation, or ideally through the development of an inter-Departmental aftercare system.

### **SUMMARY OF TASK FORCE RECOMMENDATIONS**

In summary, the Task Force recommends that the Patuxent Institution should be an 800 bed specialized treatment facility. To best serve the needs of the correctional system as a whole, admission to the Institution's program should be limited to three general inmate populations: the chronically mentally disordered; youthful offenders; and substance abusers. However, the mission and purpose of the Institution should be shifted away from the global concept of rehabilitation, towards the more limited and specific purpose of remediation. Remediation focuses on both inmate treatment and management issues, by addressing specific inmate deficits which either increase the risk for future criminal activity or increase the risk for institutional misbehavior.

To achieve this new mission and purpose, the Task Force recommends that the Institution remain separate from the Division of Correction, and retain the ability to determine inmate suitability for the Institution's programs. However, an inmate's maximum length of stay in the program should be limited to three years, and the decision to terminate treatment should rest with the Institution and not with the inmate. Finally, the Institution should relinquish the authority to make early release decisions, and the policies of the Division of Correction and the Parole Commission should be applied to inmates treated at the Institution.

The Task Force recognizes that the provision of appropriate aftercare services to inmates treated at the Institution will be essential to ensure the success of these efforts. While each inmate returned to the Division of Correction or the Division of Pre-Trial Services should be accompanied by an aftercare plan formulated by the Institution, the responsibility for implementing this plan during the continued confinement of the inmate will rest with the receiving agency. However, the Task Force notes that the Division of Parole and Probation may not be in a position to provide all of the specialized aftercare

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services required by these inmates upon their release to the community. To address this issue the Task Force recommends the formation of a work group, composed of representatives from a number of State Departments (specifically DPS&CS, DHMH, and DHR). This work group should be assigned the task of developing a comprehensive community aftercare system for these special needs populations, by exploring the potential for privatizing certain services and/or by integrating the provision of services through the relevant State Departments.

Finally, the Task Force acknowledges that each of its recommendations has positive and well as negative fiscal and legal implications, which must be carefully considered and monitored. However, the Task Force is convinced that the responsible execution and management of appropriate program designs and implementation plans can overcome obstacles and potential negative consequences. It is believed that significant costs savings, elimination of redundancies, and improvement of services can result from these recommendations.

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### INVITED GUESTS AND SUPPORT STAFF

#### Invited Guests

Russell Hamill  
Member  
Citizens' Advisory Board

Henry L. Templeton  
Director, Division  
of Parole and Probation

C. Wayne Kempske  
Chief, Criminal Justice  
Alcohol and Drug Abuse  
Administration, DHMH

Christiane Tellefsen, M.D.  
Superintendent  
Clifton T. Perkins Hospital

Stuart B. Silver, M.D.  
Director, Mental Hygiene  
Administration, DHMH

#### Support Staff

Karen E. Buxton  
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Patuxent Institution

David Jenkins, Ph.D.  
Education Liaison  
Division of Correction

Robert Gibson  
Director, Office of Research  
Department of Public Safety  
and Correctional Services

Anthony Swetz, Ph.D.  
Director  
Mental Health Services  
Division of Correction

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APPENDIX A

FISCAL IMPACT ESTIMATES

FOR

TARGET POPULATION PROGRAM OPTIONS



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### Fiscal Assumptions/Projections

This Appendix displays summary charts and tables reflecting working assumptions, new program costs, reallocation of certain currently budgeted expenditures at Patuxent Institution and the DOC and other resources needed to implement each of the recommended program options on an annual basis. The general assumptions used in formulating these impact estimates are presented prior to Table 1, which summarizes the expenditures for the current Patuxent treatment programs. Table 2 then provides an overview of the four recommended programs. The assumptions used in formulating each specific program option are presented individually as an introduction to tables summarizing the program's estimated cost.

### Implementation Planning and Related Critical Actions

Although a detailed implementation plan was viewed as beyond the scope of the STF until the Secretary had reviewed and approved the recommendations, a discussion with the Assistant Secretary, Finance and Budget Administration has confirmed the need and feasibility for at least two tasks at the Department level:

- **Perform** a multi-year impact analysis of the operational steps required in Patuxent and the DOC **each year** to implement the proposed "take-down" of existing Patuxent beds and "bring-up" of beds under the revised Patuxent until the recommended 800-bed capacity is fully realized.
- **Calculate** the cost savings and future cost avoidance within Patuxent, the DOC (and the BCDC) resulting from the proposed transition to a revised Patuxent.

It is recognized that the costs of basic inmate services (e.g., food, clothing, commissary, etc.) will remain relatively unchanged under the revised Patuxent. However, a measurable impact may be anticipated (and thus calculated) on the **security staffing patterns** for both Patuxent and the DOC, especially the shut-down of the MCI-J mental health units and the transfer of mentally ill DOC inmates from other institutions to Patuxent. There is also the anticipated measurable impact on the current **DOC medical contract** of treating these mentally ill inmates at Patuxent.

In addition, based upon implementation of the proposed program options, a net of at least **212 beds** will become available in the DOC (i.e., 60 beds at MCI-J and 152 beds elsewhere). An



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estimate (at the very least) of the "benefit" to the correctional system of having these beds available should also be part of the impact analysis, perhaps based in part on the projected cost (avoidance) of constructing and operating a DOC housing facility for 212 inmates.

The major critical actions required for **implementation** of recommended programs are as follows:

- **Remove** immediately DOC inmates currently housed at Patuxent and replace them with a gradual influx of 200 inmates eligible for federally-mandated education.
- **Close** the 60 mental health beds at MCI-Jessup and transfer the related DOC staff and resources to Patuxent. This action could take place almost immediately.
- **Begin** an expedited but fair review under existing procedures of the Eligible Person (E.P.) population to determine which participants have currently reached maximum benefit of treatment. These inmates would be either given status (likely to be very few) or returned to the DOC. The "attrition" rate for the E.P. population (currently 511 inmates) should average 100 per year based upon the mandated annual review and historical sign-out rates.
- **Implement** other program options or expand/expedite any of the above actions, based upon the available budget and the resources freed up by the attrition of E.P.'s.

Working assumptions, only some of which are provided in this Report, can be used in the process of completing the report to the General Assembly on the programs and legislative options which are endorsed by the Secretary.

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### PROGRAM OPTION ASSUMPTIONS

1. Cost of the Eligible Person Program: The current cost of housing and treating an inmate at Patuxent in FY 1991 was \$22,671, whereas at the comparable maximum security facility in the DOC (Maryland Penn) the cost was \$23,403, with no treatment provided. When Patuxent costs are adjusted for educational expenses, which are not paid by DOC facilities, the cost per annum is \$21, 732. This is \$1671 per year less than the most comparable facility. The supporting table contains only budgeted staff positions for treatment, education, and aftercare services. Annualized costs of the treatment components of the Patuxent program are described in Table 1.
2. Reallocating Eligible Person Program Resources: Patuxent programs are currently providing services only to E.P.'s and inmates under evaluation, with the exception that the education programs and job programs are offered in part to DOC inmates housed at Patuxent. Assuming that the existing program will not be eliminated immediately, the program estimates projected are designed to build on, the existing Patuxent program initially. The savings from completely converting the Patuxent program can be estimated by extending its gradual reduction over a minimum of 4 years, i.e., taking 1/4 of treatment program costs per year through the fourth year, when the costs of the Board can also be eliminated, or reallocated.
3. Annualized Program Option Costs: Annualized program estimates in the tables which follow reflect staffing costs only, except for the Special Education Program which contains a estimate of \$16,000 in equipment and supplies.
4. A increase of programming services to approximately 250 persons is assumed in all cases except in the Special Education Program, where 200 students are projected.
5. Changes in security staffing requirements due to program changes or population changes are not reflected in these estimates.

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Table 1

COST OF CURRENT PATUXENT PROGRAMS: BUDGETED POSITIONS

CURRENT PATUXENT PROGRAM BASE*	
Eligible Person Treatment	\$1,809,937
Education Program	\$1,366,410
Aftercare Staff and Facility	\$297,500
Board of Review Activities	\$28,400
TOTAL PATUXENT BASE PROGRAMS	\$3,502,247

\* Figures include staff salaries and fringe benefits.  
Adjustments have been made for historical turnover rates.

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OVERVIEW OF PROGRAM OPTIONS

PROGRAM OPTION	PROJECTED ANNUAL COSTS	REALLOCATION OF RESOURCES CURRENTLY EXPENDED	PROJECTED SAVINGS	RESOURCES NEEDED FOR COMPLETE IMPLEMENTATION
Mandated Education	\$172,090	<\$172,090>	* <\$363,410>	NONE
Youthful Offender	\$248,970			\$248,970
Substance Abuse Program	\$328,305			\$328,305
Mentally Ill Offender	\$2,285,235	<\$1,411,361>		\$873,874

\* Current federally mandated educational expenditures within the Corrections Branch of the Department of Education are \$535,500.

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### CENTRALIZED FEDERALLY MANDATED EDUCATION

#### WORKING ASSUMPTIONS

1. The proposed program is expected to produce a cost savings of \$363,410. The plan uses only staffing resources currently existing in State government. The proposed program assumes the transfer of 3.5 positions from the Department of Education to Patuxent and the elimination or reallocation of 4 positions currently engaged in federally mandated education programs elsewhere in the State correctional system.
2. Due to the fact that the majority of other inmates at the Institution will not be here for special education needs and will be participating in educational programs, the centralized special education program will meet the mainstreaming consideration, given the constraints of a correctional environment.
4. Current Special Education expenditures within the Corrections Branch of the Department of Education are \$535,500. A staffing enhancement of \$156,090 (see supporting table) and a materials and equipment enhancement of \$16,000 over Patuxent's current educational budget would enable Patuxent to duplicate the same services under a centralized plan for \$172,090, resulting in a cost savings of \$363,410.



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Table 3

CENTRALIZED FEDERALLY MANDATED EDUCATION: 200 BEDS

POSITION	SHIFT	WK	FTE	SALARY	FTE X SALARY	PLUS 29%
Special Ed. Teacher	1	5	1.0	\$40,000	40,000.00	51,600.00
M. A. School Psychologist	1	5	1.0	\$36,000	36,000.00	46,440.00
Parent Coordinator	1	5	1.0	\$36,000	36,000.00	46,440.00
Office Clerk	1	5	.5	\$18,000	9,000.00	11,610.00
SUMMARY			3.50		\$121,000	\$156,090

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YOUTHFUL OFFENDER PROGRAM

WORKING ASSUMPTIONS

1. Although significant resources are in place and operational at Patuxent, the positions described in the supporting table will be needed as new hires to Patuxent.
2. Any additional security required to handle these inmates is not reflected in this estimate.
3. Other programs and services at Patuxent will support the Youthful Offender Program (Psychiatric consultation, substance abuse treatment etc.).

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Table 4

YOUTHFUL OFFENDER PROGRAM: 250 BEDS

POSITION	SHIFT	WK	FTE	SALARY	FTE X SALARY	PLUS 29%
Job Readiness Instructor	1	5	1.0	\$40,000	40,000.00	51,600.00
Janitorial Services Instructor	1	5	1.0	\$40,000	40,000.00	51,600
Clinical Social Worker	1	5	2.0	\$34,000	68,000.00	87,720
Psychologist	1	5	1.0	\$45,000	45,000.00	58,050
TOTALS			5.00		\$193,000	\$248,970

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**SUBSTANCE ABUSE PROGRAM**

**WORKING ASSUMPTIONS**

1. Although significant resources are in place and operational at Patuxent, the positions described in the supporting table will be needed as new hires to Patuxent.
2. Any additional security required to handle these inmates is not reflected in this estimate.
3. Other programs and services at Patuxent will support the Substance Abuse Program on a regular basis (educational programming, vocational training etc.)

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Table 5

SUBSTANCE ABUSE PROGRAM: 250 BEDS

POSITION	SHIFT	WK	FTE	SALARY	FTE X SALARY	PLUS 29%
Sub. Abuse Coordinator	1	5	1.0	\$45,000	45,000.00	58,050.00
Psychiatrist	1	5	0.5	\$85,000	42,500.00	54,825.00
Addictions Counselor II	1,2	5	4.0	\$33,000	132,000.00	170,280.00
Addictions Counselor III	2	5	1.0	\$35,000	35,000	45,150.00
TOTALS			6.50		\$254,500	\$328,305



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### CENTRALIZED MENTAL HEALTH SERVICES

#### WORKING ASSUMPTIONS

1. In order to give due consideration to both clinical appropriateness and fiscal responsibility of proposed staffing costs for these centralized mental health programs, the staffing costs for the proposed programs were developed in three stages.

First a staffing plan was developed based on both the experience of the current mental health units in Maryland prisons, as well as efforts in planning centralized mental health facilities in the District of Columbia and the State of Tennessee. In this first step staff reductions were made in the guiding models wherever this was viewed as clinically feasible given the specifics of the Maryland correctional system and Patuxent Institution. For example, both of the State correctional mental health programs used as models contain four levels of care: Acute Intensive, Intensive, Intermediate, and Transitional. However, the program staffed in the supporting tables (Tables 6, 7, 8, and 9) contains only two levels: an Intensive level and an Intermediate level of care. Acute intensive care is to be provided by some other agency (probably C.T. Perkins). Although the plan does not reflect transitional housing units at Patuxent, the Transitional level of care can be delivered at Patuxent under the centralized plan with no additional staffing, since both the Administrative and Clinical Core mental health staff, and the Patuxent Eligible Person program staff can support transitional living within the facility.

In the second step of staffing plan development, the positions based on the current Maryland mental health units and the District of Columbia and Tennessee models were adjusted to be fully consistent with the job categories and salaries existing in Maryland State government, contract service providers, and relevant health care providers in the State.

In the third and final step, the staffing plan was reviewed by a subcommittee of the Task Force which was given the specific task of further streamlining the program and maximizing economies in the treatment model. This led to further reductions in proposed staffing costs.

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2. Mental Health Program will be supported by other Patuxent Programs, such as education, substance abuse, etc.
3. Mental Health Technicians: are trained paraprofessionals, able to draw blood, administer medication, provide crisis intervention prior to arrival of professional staff, early assessment etc. An LPN would be ideal for this position, or a Certified Medical Assistant.
4. Night coverage is minimal on the Intermediate Units.
5. The Intensive Units will be certified to conduct acute to near acute levels of care for short intervals.
6. Some role for Perkins Hospital is assumed for taking acute cases that do not stabilize within a week, i.e. for longer term hospitalization and psychotic conditions resistant to medication.
7. Medication and other medical supply costs will have to be added to these staffing profile costs. These costs are currently expended throughout the correctional system.
8. Transportation costs related to mental health care will be significantly reduced due to the centralization plan.
9. For each of the 256 mental health beds established at Patuxent, an additional bed will become available in the DOC, due to the ability to double cell in areas currently being used to single cell special needs inmates.

The change of Patuxent from 1100 beds to 800 beds results in a loss to the correctional system of 300 beds, until double celling of the current DOC special needs beds is considered. With this factor considered the centralized mental health system produces additional 212 beds in the DOC.

10. Table 10 outlines the resources currently available in the correctional system which have been presently identified for reallocation to Patuxent in support of the mental health program.

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Table 6

SUMMARY OF MENTAL HEALTH PROGRAM

PROGRAM COMPONENT	PROJECTED ANNUAL COSTS
Clinical Core	\$826,245
Intensive Units (64 beds)	\$843,983
Intermediate Units (192 beds)	\$615,007
TOTAL	\$2,285,235

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Table 7

CLINICAL CORE: 256 BEDS

POSITION	SHIFT	WK	FTE	SALARY	FTE X SALARY	PLUS 29%
Psychologist/ Coordinator	1	5	1.0	45,000	45,000.00	58,050.00
Psychiatrist	1,2	5	3.0	\$85,000	255,000.00	328,950.00
Clinical Coordinator	1	5	1.0	\$43,000	43,000.00	55,470.00
Nurse Super	2	5	1.0	\$38,000	38,000.00	49,020.00
Nurse Super	3	7	1.75	\$38,000	66,500.00	85,785.00
Psychiatric Social Worker	1,2	5	4.0	\$34,000	136,000.00	175,440.00
Secretary	1	5	1.0	\$22,000	22,000.00	28,380.00
Adjunctive Therapy	1,2	5	.5	\$30,000	15,000.00	19,350.00
Records Clerk	1	5	1.0	\$20,000	20,000.00	25,800.00
			0.00			
TOTALS			14.25		\$640,500	\$826,245

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Table 8

INTENSIVE TREATMENT UNITS: 64 BEDS

POSITION	SHIFT	WK	FTE	SALARY	FTE X SALARY	PLUS 29%
Psychology Associate	1	5	2.0	\$45,000	90,000.00	116,100.00
Reg. Nurse	1,2,3	7	9.25	\$34,000	314,500.00	405,705.00
LPN or CMA	1,2,3	7	9.25	\$27,000	249,750.00	322,177.50
TOTALS			20.50		\$654,250	\$843,983



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Table 9

INTERMEDIATE TREATMENT UNITS (6): 192 BEDS

POSITION	SHIFT	WK	FTE	SALARY	FTE X SALARY	PLUS 29%
Psychology Associate	1	5	3.0	\$36,000	156,250.00	139,320.00
Reg. Nurse	1,2	7	6.25	\$34,000	212,500.00	274,125.00
Mental Health Tech	1,2,3	7	6.25	\$25,000	156,250.00	201,562.50
TOTALS			15.50		\$503,750	\$615,007

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Table 10

MENTAL HEALTH RESOURCES REALLOCATED

TYPE OF RESOURCE	LOCATION	DESCRIPTION	\$ AMOUNT
CMS Program	MCI-J	2 Mental Health Units:60 beds	\$1,265,820
CMS Position	B. PENN	Supervising Psychologist	\$56,000
CMS Consulting Hours	Statewide	Psychiatry Outpatient 15% Reduction	\$89,535
Cell Space	MCI-J	60 beds created by double celling	?
Cell Space	Statewide	152 beds created by double celling	?
Operations	Statewide	Transportation of Mentally Ill Inmates	?
			\$1,411,360

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APPENDIX B

PRELIMINARY RECOMMENDED REVISIONS TO ARTICLE 31B

Preliminary Recommended Revisions to Current Article 31B

Code:

stet	Provision to remain as is
dele	Provision to be deleted; no longer applicable
amen	Provision to be amended
add	New Provision to be added
*	Needs further discussion

Section 1. DEFINITIONS

- a. introduction  
stet
- b. Board of Review  
dele
- c. Commissioner  
amen and add: reference to Commissioner of Pretrial Detention
- d. Department  
stet
- e. Director  
stet
- f. Eligible person  
\* amen: Requires further discussion
- g. Evaluation team  
\* amen: to comport with new population, e.g., education specialist
- h. Institution  
stet
- i. Secretary  
stet
- j. Victim  
stet

\* For further discussion: do any additional terms need definition?  
For example:

Section 2(b) "Remediation"

Section 2. INSTITUTION CREATED AND CONTINUED: PURPOSE

- a. created and continued as part of Department  
stet
- b. purpose
- \* amen: goal of [rehabilitation] to be changed to goal of  
remediation. For further discussion; should also be defined.

Section 3. BOARD OF PATUXENT INSTITUTION

\* stet

Section 4. DIRECTOR; ANNUAL REPORT

- a. chief administrative officer  
stet
- b. qualifications; appointment; term; salary  
stet
- c. authority; rules and regulations  
stet
- d. annual report
  - 1. annual submission  
stet
  - \* 2. contents  
amen: For further discussion
  - 3. regulations regarding  
stet

4A. REGULATIONS ADOPTED BY SECRETARY

- a. authority  
stet
- b. compliance with Administrative Procedure Act  
stet



- c. criteria to determine eligibility for referral, work release, leave and parole; major violation of disciplinary rules.  
dele: references to parole

\* For further discussion: are Secretary level regulations needed regarding major violations, leave, etc., when Patuxent no longer has the authority to parole?

5. STAFF

- a. members
- \* stet or amen

For further discussion, in light of new programs

- b. salaries  
stet
- c. appointment to professional position; merit system  
stet

6. INSTITUTIONAL BOARD OF REVIEW

- \* dele

- 7. CONFLICT OF INTEREST [by members of the board of review]  
dele

8. REFERRAL FOR EVALUATION; EXAMINATION

- a. persons who may be referred
- \* amen

For further discussion: who may be referred; what, if any, statutory criteria; who, if anyone, may recommend for referral; how much discretion to leave to the Director to determine criteria for referral, if target populations change

- b. examination
- \* amen

For further discussion: to be conducted at current place of confinement; period of time within which to be completed

- c. determination of evaluation team  
stet

9. TRANSFER TO INSTITUTION

- a. notice that person is not eligible  
amen  
notice to be sent to either of two commissioners
- b. notice that person is eligible  
\* amen  
notice to either of two commissioners; person then to be transferred to Institution;
- c. treatment plan  
stet
- d. review and recommendations by board of review  
dele (if board of review is deleted)
- e. surgical operations

NOTE: This provision appears to be an obsolete. It was probably directed at lobotomies; it is now legally established that no such surgery can be performed without informed consent.

- f. custody and control  
amen  
add alternative that person is in custody of Pretrial Division

10. WORK RELEASE AND LEAVE OF ABSENCE

- \* dele

11. RELEASE FROM INSTITUTION

- a. upon expiration of sentence  
stet
- b. action by board of review prior to expiration of sentence  
dele
- c. notice to victim of parole hearing; approval of parole by Secretary; completion of three years on parole  
dele
- d. approval of parole by Secretary  
dele
- e. completion of three years on parole  
dele

Add new sections:

o persons at Patuxent subject to the authority of the Parole Commission, under same conditions as apply to DOC inmates

o persons at Patuxent will be returned to the sending Commissioner at the completion of their remediation program, or at the discretion of the Director

o Institution to prepare aftercare plan and transmit with person leaving Institution for any reason

11A. MAJOR VIOLATIONS

a. definition of major violation  
dele: all references to parole

b. commission of a major violation; ineligibility for parole,  
\* work release, or leave; removal from the institution and  
return to DOC  
dele: all references to parole and board of review

For further discussion: since Patuxent will no longer have the authority to parole, is this section necessary? If so, should more discretion be left to the Director and his staff?

12. CREDIT AGAINST SENTENCE

stet

13. PERSONAL RECORD

a. duty to compile and maintain; contents  
stet

b. description of person; photographs  
stet

c. cooperation in furnishing information, records and reports  
stet

d. confidentiality  
stet  
except: amend (1) to include Pretrial Commissioner

e. confidentiality -- conditions for disclosure  
stet

f. confidentiality -- juvenile records  
stet

14. SUPPLYING STATE USE INDUSTRIES  
stet

15. FEDERAL GRANTS  
stet

16. TRANSITION PROVISIONS

[Note: these provisions apply to persons transferred to the Institution for evaluation prior to July 1, 1977. Because there are still a number of any such persons at Patuxent, this provision is still necessary.]

Add: If it is assumed that ex post facto law requires it, transition provisions -- that persons transferred to the Institution prior to the effective date of the new law ( or persons convicted of crime committed prior to effective date of new law) shall be evaluated and dealt with in accordance with the provisions of current 31B.

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APPENDIX C

SUMMARY LIST OF TASK FORCE RECOMMENDATIONS



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### SUMMARY LIST OF TASK FORCE RECOMMENDATIONS

1. The Institution should be a specialized treatment facility for the purpose of remediating specific inmate deficits.
2. As a result of limitations in the physical plant of the Institution, and the requirements of inmate movement for treatment purposes, the Institution should be limited to an 800 bed facility.
3. To ensure that the integrity of the treatment programs offered by the Institution can be maintained, the Institution should remain a separate organizational entity from the Division of Correction.
4. Simultaneous with the final attrition of the current Eligible Person population, the Institution should relinquish authority for early release decisions and the Board of Review should be dissolved.
5. In relation to new admissions to the correctional system, assessment for admission to the Institution should be conducted by Institution staff at the point of reception. This assessment should be performed upon the recommendation of the Commissioner of Correction, the Commissioner of Pre-Trial and Detention Services, or their designees.
6. In fulfilling the specific purpose of remediation, the Institution should focus on three general target populations: mentally ill offenders; youthful offenders; and substance abusing offenders.
7. The Youthful Offender Population that is targeted to receive services at the Institution should be composed of:
  - a) Inmates mandated to receive special education services under federal law (IDEA);
  - b) Non-psychopathic inmates aged 24 years or less at intake who have received sentences of no more than 5 years; and
  - c) Under certain extenuating circumstances, which may include the nature of the criminal offense, non-psychopathic inmates aged 24 years or less at intake who have sentences of more than 5 years.

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8. Upon determination of an inmate's suitability for participation in the Institution's programs, the inmate should be incarcerated and treated at the Institution until it is determined by the Director that the inmate has reached maximum benefit from treatment.
9. In no case should the treatment of an inmate exceed three years without the review and approval of the Director. Extended lengths of stay should be reviewed by the Director for approval or disapproval at least annually.
10. Appropriate aftercare following remediation at the Institution should include two components: aftercare in the Division of Correction until completion of the period of confinement; and aftercare upon release to the community.
11. The Institution should provide an aftercare plan to the relevant authority for each inmate transferred out of the Institution.

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APPENDIX D

MINUTES OF THE TASK FORCE

